

Department of Social Services
Office of Licensing and Accreditation
3900 W Technology Circle, Suite 1
Sioux Falls, SD 57106

## Plan of Correction

rrogram Nam	e: Allive-Roberts Courty, Inc.	Date Due: 10/21/2021	
ISIN NEURI	Administrative	e POC-1	
<b>Rule #:</b> 67:67:04:01	Rule Statement: Policies and procedures manual. Each agency shall have a		
Area of Nonco	mpliance: Aliive's policy and procedures n	nanual references outdated ARSD.	

Corrective Action (policy/procedure, training, environmental changes, etc):  Update policies to current version	Anticipated Date Achieved/Implemented:
	<b>Date</b> 10/6/2021
Supporting Evidence: emailed policies	Position Responsible: Director
How Maintained: Will update policies as needed	Board Notified: Y N n/a n

Signature of Agency Director:

Date:
10/7/2021

Please email or send Plan of Correction to:

Department of Social Services Office of Licensing and Accreditation 3900 West Technology Circle, Suite 1 Sioux Falls, SD 57106

Email Address: DSSLicAccred@state.sd.us

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Signature of Licensing Staff:	m Kung	Date:	10/8/21